

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

<b>1 Date of Request:</b> _____		<b>2 Serial/Patent #</b> <u>10/521903</u>	
<b>3 Please refund the following fee(s):</b>		<b>4 PAPER NUMBER</b>	<b>5 DATE FILED</b>
<input checked="" type="checkbox"/> Filing		1	1-14-05
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		<b>7 TOTAL AMOUNT OF REFUND</b>	
		\$ <u>50</u>	
		<b>8 TO BE REFUNDED BY:</b>	
		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <span style="border: 1px solid black; padding: 2px;">23--2426</span>	
<b>10 REASON:</b>			
<input checked="" type="checkbox"/> Overpayment			
<input type="checkbox"/> Duplicate Payment			
<input type="checkbox"/> No Fee Due (Explanation):			
<b>11 REFUND REQUESTED BY:</b>			
<b>TYPED/PRINTED NAME:</b> <u>A Johnson</u>		<b>TITLE:</b> <u>paralegal</u>	
<b>SIGNATURE:</b> <u>A Johnson</u>		<b>PHONE:</b> <u>308-940</u>	
<b>OFFICE:</b> <u>PCT</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
<b>APPROVED:</b> _____		<b>DATE:</b> _____	

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**